

APPLICATION BY SCORE TRANSFER AS A PHARMACIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application.

Download application and mail to the address on the top of the application with the required \$330.00 fee. The fee is payable by money order or cashier's check only, we do not accept credit card, cash or personal checks.

Fee is made payable to: Nevada State Board of Pharmacy.

Before calling with questions, please read all information carefully:

- You are required to access NABP's website at www.nabp.net to register on-line for the MPJE.
- Required to get approval for MPJE: The Nevada application and \$330 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and/or dated.
- Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the MPJE.
- You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE exam from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed.
- A Nevada law book will automatically be mailed within 30 days upon receipt of the completed application. The law book is the only study guide available for the Nevada MPJE exam. You can also access the law book on our web site under the tab %Nevada Statutes & Regulations.+
- The MPJE exam can be taken once every 30 days (retake fee required for NABP). If you fail the MPJE, you will be provided with the retake requirements. All scores will be sent by mail ONLY within three (3) weeks of taking the test. WE DO NOT GIVE SCORES OR PASS/FAIL OVER THE PHONE.

DO NOT CALL FOR SCORES

Required documentation needed for licensure after you successfully pass the NAPLEX and MPJE:

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:
- 1) 1500 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy where you are licensed as an intern. NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE.
- 2) Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. **Transcripts are not required for foreign graduates, FPGE certificates only.
- TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE. Intern hours and transcripts may be submitted to the board prior to taking the exams.

The \$330.00 fee includes all required fees including the \$180 registration fee. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office if you need additional information.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440

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Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check only made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: _____ Middle: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Sex: ☐ M or ☐ F

College of Pharmacy Information

Graduation Date: _____

(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION.
You also need to complete the college of pharmacy information

Board Use Only

Received: _____ Amount: _____ Entity #: _____

Laws _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print none+ _____

State	Lic #	Is the license active?	State	Lic #	Is the license active?
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

****Attach separate sheet if needed**

Yes No																													
<p>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....<input type="checkbox"/>...<input type="checkbox"/></p> <p>1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....<input type="checkbox"/>...<input type="checkbox"/></p> <p>2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....<input type="checkbox"/>...<input type="checkbox"/></p> <p>3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....<input type="checkbox"/>...<input type="checkbox"/></p> <p>If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Board Administrative Action:</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Date:</td> <td colspan="3" style="width: 45%;">Case #:</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">/ /</td> <td colspan="3"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Criminal Action:</td> <td style="width: 10%;">State</td> <td style="width: 15%;">Date:</td> <td style="width: 15%;">Case #:</td> <td style="width: 20%;">County</td> <td style="width: 30%;">Court</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">/ /</td> <td></td> <td></td> <td></td> </tr> </table>						Board Administrative Action:	State	Date:	Case #:					/ /				Criminal Action:	State	Date:	Case #:	County	Court			/ /			
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FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☐
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

Original Signature, no copies or stamps accepted

Date